Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/09/2010</u>	Address:	<u>2056 US. 6</u>
Case #:	<u>22F45883</u>		Waterloo Twilight INN
County:	<u>Dekalb</u>		<u>IN 46793</u>
Operation Chemic	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☒ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☒ Other: Dekalb Co This report is to be faxed to the following agencies that serve the location: Fire Department: Fax: 260-357-4159 Health Department: Dekalb Co Child Protection Service: Fax: For further information regarding this methamphetamine laboratory, contact			
Investigating Officer: Matt Lazoff Phone 5742062931			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.